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ABSTRACT

The speech of 18 children aged 4:1 to 7:1 during role-playing sessions simulating family, doctor, and classroom situations was analyzed for the use of directives. Six categories of directive formula types were identified, and the use of each of these in each context was examined with a view to determining the child's sense of what directive is appropriate for a given role. The data suggest that children are aware very early of status associated with certain roles and relationships whether that status is related to age, sex, or occupation), and have the verbal skills necessary to mark this in their communicative behavior. By age four, children employ the full range of directive types found in adult speech, and they systematically modify the realization of directives in response to the social context. (Author/JB)

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WILL YOU DON'T SNORE PLEASE?: DIRECTIVES IN YOUNG CHILDREN'S ROLE-PLAY SPEECH

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In previous work (Andersen 1977a), I presented a general description of the speech of five-year-old children during role-play with puppets in a hypothetical family context. I briefly mention in that work the importance of what I referred to as the "level of analysis" chosen--suggesting, for example, that a combined form-function analysis of the children's utterances in each role allowed a much better assessment of their sociolinguistic skills than did both a syntactic and a speech act analysis done separately. For instance, although these pretend mothers, fathers, and children used an almost equal number of directives, they expressed them very differently, so that: (i) fathers' directives tended to be imperatives (like the frequent "Ask your mother"); (ii) mothers' directives were equally divided between imperatives and declaratives (e.g., "It's naptime"); and (iii) the directives of the children portrayed contained a good proportion of interrogatives--usually embedded imperatives that tend to be polite "upward in age or rank" forms, (e.g., "Can you help me get dressed?").

In the present paper, I would like to look more closely at directives in the role-play speech of a larger group of children, in a variety of role-playing situations. The data came from eighteen children, aged 4;1 to 7;1, each of whom participated in three sessions of role-play with puppets: a family session with a father, a mother, and a child; a doctor session with a doctor, a nurse, and a patient; and a classroom session with a teacher, a student, and a foreign student.

Directives, as defined by Searle (1975, p. 355), are "attempts by the speaker to get the hearer to do something." Largely because of the demand directives place on the addressee, and because of the fact that they can be realized by a variety of syntactic forms, the choice of directive type can express a great deal about the social context of discourse, and about the relative status of the interlocutors--e.g., their age, sex, occupation, and familiarity (Ervin-Tripp 1976).

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Table I presents the six directive types whose distribution I examined, along with the formula used to identify each. Before going into an explanation of the separate categories, I should first point out that all of the directives included in the present analysis have as their primary intent that the hearer perform an action, rather than provide information. Although requests for information (e.g., 'What time is it?') are clearly directives, they were excluded from this analysis.[1] In addition, it should be noted that these six types account for basically all the directives for action in the corpus.

Table 1

Directive Formulae Types

	Formula Type	Syntactic Type	Primary Intent	Surface Sp. Act	Token
1)	"Hint"	Statement	Directive Action	Representative	It's time for your nap.
2)	"Need" statement	Statement	Dir_A	Expressive	I want to leave.
3)	Simple imperative	Imperative	Dir_A	Dir_A	Leave me alone.
4)	Let's-imperative	Imperative	Dir_A	Dir_A	Let's go now.
5)	You-imperative	Imperative	Dir_A	Dir_A	You get the milk.
6)	Request	Question	Dir_A	Dir Information	Would you help me?

The six categories of directives can be identified by a formula that includes three components: the first component is the syntactic type (column 2 in Table 1); the second factor is the utterance's primary intent (in this case, they are all obviously directives for action); and the third determining element is the surface speech act type (that is, whether the utterance looks like a representative, expressive, commissive, etc., on the surface.

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[1] Interpretation of an utterance as one type of directive (e.g. action-seeking) when the other (i.e., information-seeking) was intended can often lead to humorous exchanges; one such instance occurred in these data when the experimenter playing patient asked "Do I have a

The categories derived in this way from the data turn out to be very similar to the directive types identified by Ervin-Tripp (1976) in her work on directives, where she found a strikingly consistent social distribution of these types in adult speech. Thus, the first type, hints like "It's time for your nap" or "Dinner's ready," occur when speakers can rely on shared rules (e.g., in the classroom) or on shared understanding of habits (e.g., in families). Need statements (like 'I want to leave' or 'I need milk,' which contain a verb of desire) are usually directed downward in rank (e.g., from doctor to nurse) or used by young children to their parents. What these situations have in common is "expected compliance" by the addressee. The third directive type, simple imperatives like 'Leave me alone,' tend to be directed to subordinates or to familiar equals. Types four and five, both modified imperatives, have multiple functions. The let's-imperative may indicate joint action (as in, 'Let's go to a movie'), or it can be a "pseudo-we" form which implies that the addressee is a subordinate (as when a mother suggests 'Let's put our shoes on' or a doctor says 'Let's step up here on the scale', when he has no intention of joining the patient in being weighed). Similarly, you-imperatives may be used in contrastive situations ('You get the milk and I'll...'); as instructional devices ('Now you turn the lever to the right...'); or to add greater emphasis ('You get out of here, you _____!'). Finally, the last category, requests, includes two of Ervin-Tripp's directive types: imbedded imperatives (e.g., 'Would you help me?'; and permission requests (e.g., 'Can I go?'). These are directed most often to unfamiliar people or to those of differing rank.

Given this social distribution in adult speech, we can look at directives in children's role-play for evidence that they have knowledge of the rules of social use similar to what Ervin-Tripp found for adults. Do young children employ the full range of realizations we find in adult speech, and, if so, are there systematic shifts in the realization of directives depending on social context? If children do have this knowledge they could demonstrate it in several ways. One possibility is through a differential usage of directives according

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(con't) temperature?" and was told by the child playing nurse "I'll get you one." The misinterpretation in this case apparently resulted from the child's confusion of the terms temperature and thermometer.

to role; we could ask, for example, whether doctors' directives overall differ from nurses'. The following episode, from the doctor session role-play of a six-year-old, suggests this may be the case:

(1) (Mother has just brought child in to see the doctor)[2]

Ln. Okay. #C'mon Elizabeth.
Ep. Okay.
Ln. Well, just lie down there.
Ep. Okay. # Is the doctor coming?
Ln. Yes. # Um, doctor, uh Mrs. P , um, came (x) brang her daughter in and (x) and she would like you to operate on Elizabeth's arm.
Ld. Okay, here I come. ((low voice)) Well, what's the problem Elizabeth?
Ep. Well, my arm is very broken and it hurts an' you said you could operate, and make it feel better (?)
Ld. Yes, what (x) how (x) how did you break it?
Ep. Well, it was when I fell off the bars at school. Somebody pushed me and I fell and I landed on my arm.
Ld. Oh, okay. Nurse, go get the operating machine.
Ln. Here, doctor.
Ld. Lay it (over) her arm. # ((machine sounds))
Ln. Doctor, would you like to look at it?
Ld. Yes, let's go see. # Oh: Oh, my goodness!

(L.P., 6; 7)

[2] In this example, and in others in this paper, speaker can be identified by the following code: a capital E represents the experimenter; other capital letters (e.g., L in the above example) represent the child; lower case letters represent the role being played (n=nurse; p=patient; d=doctor; m=mother; f=father).

In the exchange between doctor and nurse in the latter part of this sequence, the doctor uses direct imperatives ("Go get the operating machine"; "Lay it over her arm"), while the nurse uses a more polite, embedded imperative form to the doctor: "Would you like to look at it?" rather than "Look at it." Quantitative analyses of these differences will be presented in the next section (see Table 4, p.).

A second possible demonstration of knowledge of the rules of appropriate social use of directives can be observed in what I have called 'role-realizations'--so that, for example, the subset of nurses' utterances addressed to doctor are one role-realization and may differ from nurses' utterances addressed to patients, a different role-realization. Here we might expect different distributions of directives reflecting the different social relationships. And indeed, if we refer back to example 1, we find that in contrast to the polite form directed toward the doctor, the nurse uses unmodified imperatives to the patient ("C'mon"; "Well just lie down there"). Similarly, in the family session, we find episodes like the one presented in example 2:

(2) Sm. Gotta get the baby tucked into beddy bye. She's not a sleepy. (to baby) Go to sleep, sleep, sleep, darling. Go to sleep. (turns to father) Don't you think it's time to go to bed? It's midnight--we should go to bed.

In this example, the mother's directives concerning sleep are encoded differently to baby ("Go to sleep, sleep, sleep.") and to father (Don't you think it's time to go to bed?")

Even within a given role-realization, children can show knowledge of appropriate use of directives. Consider, for instance, the following example:

(3) (father goes to sleep and begins to snore)

(request, embedded imperative)

Sm. Oh dear, will you don't snore, please, that wakes me up.
Ef. Oh, I'm sorry. Okay. I'll turn over and sleep. (snores again) (hint)
Sm. Dear, you're still snoring.
Ef. Oh, oh, maybe I'll go down and get

a glass of water. Maybe that will help. (comes back, begins snoring again)

(direct imperative)
Sm. Don't snore!

(A.P., 4;10)

In this sequence, the use of directives is sensitive to the immediate pragmatics of the speech situation, such as comprehension and compliance by the addressee. Thus, the first directive in this exchange, "Oh dear, will you don't snore, please--that wakes me up," is an embedded imperative that makes the directive explicit, since the speaker has to make the problem known. However, this explicit directive is couched in a most polite frame ("Will you..."), with a politeness modifier ("please"), and a supporting adjunct ("that wakes me up"). On the second try, a hint ("Dear, you're still snoring") is appropriate since the knowledge of the problem is shared by speaker and addressee. By the end of this exchange, when it is clear that compliance is not forthcoming, the speaker resorts to a command in the imperative: "Don't snore!"

The three examples cited provide some suggestive evidence of children's knowledge of appropriate directive use tied to role, to role-realizations, and to the communicative demands of the speech situation. Let's look now at the actual distribution of directive types in various roles and role-realizations, for further evidence of sensitivity to social factors.

The Family Session

Tables 2 and 3 present data from the family session. In this session, there are two probable status hierarchies: one based solely on age would put parents at the top, children at the bottom, while one based on age and sex might (given the sex-role stereotypes displayed by many of these children--see Andersen 1977a, b) put father at the top, then mother, then child. In addition, familiarity may be another important social factor, if as Berko-Gleason (1975) suggests fathers are like "other strangers" and children see the mother-child relationship as much more intimate.

The actual differences in percentage of directives, as a whole, for the three roles in this session are not

that great, though fathers have somewhat fewer directives (father...23.8%; mother...33.4%; child...29.9%). However, the data on directive types presented in Table 2 reveal a number of dramatic differences in distribution. For example, a comparison of the first two columns of Table 2 reveals that, quite appropriately, parent speech to child (Par→ Ch) contained many more hints and simple imperatives, while child-to-parent role-realizations contained many more need statements and request forms. Although these data collapse the age groups, the findings presented also held for each of the age groups considered separately.

Table 2

Comparison of Directive Types: Parent vs. Child

	Ch→ Par	Par→ Ch	mid-group Mo	mid-group Fa	oldest group Mo	oldest group Fa
1 Hint	2.9	41.6	60	44.8	31.3	20.0
2 Need	50.7	2.4	---	3.4	12.5	----
3 I_{mp}	13.0	39.2	26.7	41.3	38.0	50.0
4 I_{lets}	8.7	4.0	6.6	---	6.2	10.0
5 I_{you}	1.4	4.0	---	---	---	-----
6 Request	23.2	8.8	6.6	10.3	12.5	10.0

Columns three to six break down parent speech into speech as mother and as father. Here also, the same patterns held for all age groups, with mothers using more hints like "Sweetie, time to wake up", perhaps because of greater intimacy of the mother-child relationship. Fathers, on the other hand, used more imperatives like "Lie down in your bed right here", reflecting their superordinate role.

Concern with expressing status differences through directive use is further evidenced by occasional attempts by the children to correct the experimenter's role-play. For example:

(4) Family: Em. Oh, why do you want to stay up all night?
S. [No, the mother has to say: "Ashamed of you, Andrew. You better get in that bed or I'll send you to the doctor."]
(D.P., 5;0)

There were also differences in the way children spoke to mothers as opposed to fathers. Overall, children used six times as many imperatives to mothers (18.6%) as to fathers (3.8%) to whom they addressed more let's imperatives.

The children's knowledge about speech to mother versus father also increased with age. As shown by the data in Table 3, the contrast between these two addressees seemed to be grasped by even the youngest group. This might be expected, as every child has had prodigious experience speaking to father and mother. The youngest group seemed to give a greater respect or deference to father which contrasted with the greater familiarity accorded to mother. Only 14% of their directives to father were simple imperatives, while 41.7% of directives to mother were. Father was more likely to receive a Would you button me? or a I want to paint at Jennifer's than the sort of imperatives usually addressed to mother: Gimme Daddy's flashlight (D.P., 5;0).

The middle group showed the same pattern of use, and as was the case in other sessions, gave the most stereotypical portrayal. Speech to father in this age group consisted only of need statements. Of the six directive types this is the one most characteristic of the child. The largest proportion of the middle group's speech to mother was also made up of need statements (66.7%). The remaining 34% was divided equally among simple imperatives, let's and request imperatives. The oldest group most closely approximates normal children's speech to parents. Need statements predominated in both speech to father and mother, and there was an equal number of requests addressed to both.

Note also that no simple imperatives appeared in speech to father. The small percentage in speech to mother appeared to be a token of the privilege that children typically enjoy with their mothers, that of being more demanding.

Table 3 Child to Mother vs. Child to Father

	(All Subjects) %		hint %	need %	I_{mn} %	I_{lets} %	I_{you} %	Request %
Ch→Mo	31.5	youngest	--	33.3	41.7	---	---	25
Ch→Fa	28.3	youngest	--	42.8	14.3	---	14.3	28.6
		oldest	9.0	54.4	9.0	---	---	27.3
		oldest	--	47.0	---	29.4	---	23.5

The Doctor Session

Table 4 deals with the doctor session. In this session, the status hierarchy, as portrayed by the children, is clearly doctor, then nurse, then patient. Here there is the age distinction that gives doctor and nurse status relative to patient, and there is an occupation (and a sex) distinction that separates nurse from doctor.

The most interesting findings in this session concern the differences in speech of doctor and nurse to each other--as presented in Table 4. Although the proportions of total directives for each role were (as in the family session) not that different (doctor...26.1%; nurse...20.8%), overall the nurse used more than twice as many hints as the doctor in speech to each other (50% and 20.6% respectively). The doctor on the other hand used twice as many imperatives in his speech to nurse than vice versa (55.9% and 27.8% respectively). The nurse used the polite request form in 11% of her directives to the doctor, while the doctor used this form only 2.9% of the time when speaking to the nurse.

The status differences between doctor and nurse seem to be grasped by even the youngest children. Their nurse's speech to doctor contained not a single imperative, and two-thirds of the directives used were hints. In contrast to this, the speech of doctor to nurse contained 50% imperatives and only 21% hints.

Table 4 Doctor to Nurse and Nurse to Doctor

	(All Subjects) %		hint %	need %	I_{mp} %	I_{lets} %	I_{you} %	Request %
Dr→N	29.3	youngest	21.4	7.1	50.0	7.1	7.1	7.1
N→Dr	23.4		66.6	--	----	---	---	33.3
		oldest	17.6	--	64.7	11.8	---	5.9
			46.7	--	33.3	13.3	---	6.7

The middle group (data not included here) carried the polite, subordinate role of the nurse to an extreme; the nurse used no directives whatsoever in speech to the doctor. The doctor portrayed by the middle group used

33% simple imperatives and 33% let's imperatives. In the middle group, then, one would be more likely to hear the nurse issue such imperatives as Now go sit down--I'll get a room for you right after I do some things for the doctor (M.S., 5;2) when speaking to the patient. True to the status hierarchy, one would be more likely to hear the doctor say something like the following:

(5) Sn. All right, we have the eckseray.
Sd. Let me see it.
(M.S., 5;2)

The oldest group approached most closely an accurate, flexible portrayal, with the nurse using half as many imperatives as the doctor, and more than twice as many hints.

The Classroom Session

In the classroom session, the social variables of age and occupation place the teacher in a superordinate relation to the student and the foreigner. In addition, the foreigner's incompetence with the language seems to detract from his status: resulting in a status hierarchy of teacher→student→foreigner. Because several of the children were fairly reluctant to play foreigner, Table 5 presents only the directives from teacher-student interaction. Unlike other sessions, here there was a clear difference in percentage of directives overall (44% for teacher, less than 10% for student) and this trend increased with age of subjects. A look at the type of directive used shows two clear differences by age group. Teachers portrayed by the middle group of children had substantially more imperatives while children in the older group used more polite requests, especially in student-to-teacher speech. It seems probable that these differences may derive from the older children's view of the classroom as a more formal, less intimate context than that held by the younger children.

Table 5

Teacher to Student vs. Student to Teacher

	(All Subjects) %		hint %	need %	I_{imp} %	I_{lets} %	I_{you} %	Request %
T→S	44.8	middle	38.6	0	42.3	19.2	---	----
S→T	9.6	middle	28.6	28.6	21.4	7.1	7.1	7.1
		oldest	40.4	4.2	27.6	0	8.5	19.1
		oldest	40.0	--	20.0	--	---	40.0

Conclusions

Directives are clearly not the only language measure that reflects the children's knowledge of social factors. Differences in amount of speech, in mean length of turn (which reflects right to "hold the floor") and in voice quality, among others, reflect these same patterns (Andersen 1977b). Directives, however, as mentioned earlier, are especially sensitive to the social context of discourse. The data presented in this paper suggest that children are aware very early of status associated with certain roles and relationships (whether that status is related to age, sex, or occupation), and have the verbal skills necessary to mark this in their communicative behavior. By age four, children employ the full range of directive types found in adult speech, and they systematically modify the realization of directives in response to the social context.

References

Andersen, E. Young children's knowledge of role-related differences: A mommy is not a daddy is not a baby. Papers and Reports in Child Language Development, 1977, 13, 83-90. (a).

_____. Learning to speak with style: A study of the sociolinguistic skills of children. Unpublished Ph.D. dissertation, Stanford University, 1977. (b).

Berko-Gleason, J. Fathers and other strangers: Men's speech to young children. In D. P. Dato (ed.) Georgetown University Round Table on Languages and Linguistics. Washington, D. C.: Georgetown University Press, 1975, 289-297.

Ervin-Tripp, S. Is Sybil there? The structure of some American English directives. Language in Society, 1976, 5 (1), 25-66.

Searle, J. A taxonomy of illocutionary acts. In K. Gunderson (ed.) Minnesota studies in the philosophy of language. Minneapolis: University of Minnesota Press, 1975, 344-369.